IMPORTANT

Remember to include your e-mail address when completing your application.

Providing your e-mail address allows us to notify you via e-mail when we receive your application and when we issue your license. These e-mails will contain useful information on how to check the status of your application and how to verify licensure.

Some of our forms have not yet been modified to include e-mail addresses. If the attached form does not include an area in which to enter your e-mail address, or if you need more room, please write your e-mail address on the line below and attach this page to the front of your application. Thank you.

E-Mail: _____

GEORGIA BOARD OF NURSING
Professional Licensing Boards Division
P.O. Box 13446
Macon, Georgia 31208
Telephone: (478) 207-2440
Fax: (478) 207-1660
Web Site: www.sos.ga.gov/plb/rn

INFORMATION SHEET FOR LICENSURE BY ENDORSEMENT AS A REGISTERED PROFESSIONAL NURSE AND/OR AUTHORIZATION AS AN ADVANCED PRACTICE REGISTERED NURSE

RN APPLICATION FOR LICENSURE: GENERAL INFORMATION

Read these instructions prior to completing the application. Failure to read and follow instructions may cause unnecessary delays in processing the application.

You MUST NOT engage in registered nursing practice in the state of Georgia until you have a valid license to do so.

A. This application is for RN licensure and /or advanced practice registered nurse authorization. You must obtain APRN authorization from the Georgia Board of Nursing (evidenced by the specialty designation on your RN license) prior to engaging in advanced nursing practice. Receipt of an RN license without the designation indicates that you do not currently have APRN authorization.

B. Your application and all required supporting documents must be mailed in the same package to the Board office.

C. Answer all questions. If you leave any spaces blank it may delay the processing of your application. Indicate N/A for any blanks that are not applicable.

D. Enclose a non-refundable fee remitted in U. S. Funds. Mail to the Board office at the address on the application. A fee of $60 is required for RN licensure only. An additional fee of $60 is required for each advanced practice authorization title.

APPLICATION INSTRUCTIONS

Legal Name - Your name must be consistent on this application. Your signature line must match the First, Middle, and Last Name. If your name changes during the application process, you must request the name change in writing addressed to the Application Specialist and provide the appropriate legal documents to support the change.

Social Security No. – This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§19-11-1 et seq. and O.C.G.A. §§20-3-295 et seq., 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

Date of Birth - Please put in "mm/dd/yyyy" format.

Residential (Physical) Address: - A residential (physical) address is required for all licensees, if different from your mailing address. You may not provide a P.O. Box for the address.

Mailing Address – Provide a complete address. If you provide a P.O. Box mailing address, you must also supply us with a physical address as well. If you are granted a license, your name, license number, mailing address (not physical address) are

public information and will be accessible on the Secretary of State web site for purposes of licensure verification. This address is also used for sending renewal notices or other official notices. You are statutorily required to notify the Georgia Board of Nursing in writing of an address change within 30 days. Failure to do so will result in you not receiving a renewal notice, or other official notices. Sending a notice to the Postal Service will not fulfill this legal requirement.

Telephone - It is especially imperative that this information remain current during your entire application process.

E-mail – If you do not have an e-mail address, please indicate N/A.

Basic Nursing Education – Provide education received leading to initial Licensure.

Nursing Education Completed – Check all nursing education obtained subsequent to the initial education.

Previously Applied for Licensure in Georgia – Complete this question if you have ever applied, obtained a temporary permit, or was made eligible by our Board to take the NCLEX exam. Where not applicable, indicate N/A. If you have previously held RN licensure in Georgia, you are not eligible to apply for Licensure by Endorsement. You must complete the application for Licensure by Reinstatement.

State of Original RN licensure – Provide the state or U.S. territory in which you were originally licensed as a registered nurse based upon passing a GBON recognized licensing exam. See Georgia Board of Nursing Rules and Regulations Chapter 410-7-.01(1)(a)1-3. to determine approval status of the examination taken. If you have not ever passed a board recognized licensing exam for registered nurses, you are not eligible for licensure by endorsement. You must complete the top portion of the Verification of Original Licensure and send it to that state in which you passed your exam and were issued your original RN license. Request verification of licensure be sent in a sealed envelope to you and include it with your application. If the envelope containing the verification does not remain sealed, it will require a new verification sent directly to the Georgia Board of Nursing. If your licensure in that state is current, it is only necessary to obtain that verification. Verification from a state where a current RN licensure is held must be included with your application. If your state of original licensure is one of the states that utilizes NURSYS, you must complete the NURSYS form, then send the form with the fee to the address listed on the form. The NURSYS form can be obtained from the Georgia Board of Nursing web site at www.sos.georgia.gov/plb/rn.

All other Licenses – List all states in which you have ever been licensed as an RN. If you have used other names, please provide the name under which the license was issued.

Practice as a Registered Professional Nurse – The Georgia Board of Nursing Rules and Regulations require that in order to obtain a Georgia RN license by endorsement you must have engaged in the "practice of nursing" for compensation for at least 3 months or 500 hours during the four years immediately preceding the date of this application. Refer to OCGA § 43-26-3 to determine if you have engaged in the practice of nursing when you were licensed. The practice of nursing is not limited to the clinical practice or "direct" hands on care. You can list APRN practice to meet these requirements. It is not necessary to list all employers, only sufficient practice hours to meet requirements. You must provide a complete address for the employer. If the position did not require RN licensure and does not fall within the definition of the practice of nursing, do not list it as a RN position. Your license must be current to engage in "licensed" practice. An applicant for licensure who has begun employment as a registered nurse/APRN in Georgia prior to issuance of a license/authorization may result in disciplinary action. The Board requires a personal, notarized detailed letter of explanation and detailed employment information from the employer HR department for any RN/APRN practice in Georgia without valid license/authorization.

Board Disciplinary Actions/Legal Convictions – Answer all of these questions or the application will be returned. If you responded "yes", to either question, follow the instructions on the application. Be sure to include your personal, notarized detailed statement regarding the incident with your application and enclose the requested supporting documents in their ORIGINAL SEALED ENVELOPE with the application.

PART II

Instructions for Application:
If applying for Initial Authorization complete Part II of this application.

Initial Advanced Practice Specialty Education Completed – An official copy of transcript with course descriptions must be sent directly to you in a sealed envelope to be included with your application submission.

Verification of Certification - Request your certification board to verify your certification status on the Verifications of National Certification form. The completed certification form must have the agency seal and may be forwarded to the Board by you as long as it is in a sealed envelope from the certification organization. Applicants must contact the National Certifying Corporation, Pediatric Nursing Certification Board and CRNA credentialing organizations recognized by the Georgia Board of Nursing and request verifications be sent electronically to PLB-Healthcaree3@sos.state.ga.us.

IT IS YOUR RESPONSIBILITY TO MAKE SURE THE BOARD RECEIVES ALL NECESSARY VERIFICATIONS FOR AUTHORIZATION.

APPLICATIONS PROCESSING INFORMATION

A. To ensure fairness to all applicants, all applications are reviewed in the date order received. Because of the large volume of applications received, the review of the application by the application specialist takes place approximately fifteen working days (or approximately 3 weeks) after the application is received by the Professional Licensing Boards. This may vary because of changes in workload. If all the necessary documentation is present and the appropriate verifications of licensure have been received, the license is approved and ordered following that review. If the application documentation is incomplete, a letter is sent to the applicant notifying them of the deficiencies. If your application for licensure is approved, the license is ordered. It will be sent directly to the official mailing address provided by the licensee. You can track your application status at www.galicensing.org.

B. An application is valid for one year from the date of submission. If licensure/authorization has not been approved within the year, the application will be rendered expired. If the applicant wishes to pursue licensure/authorization, a new application, fee, and supporting documents must be RESUBMITTED.

C. Upon receipt of the license, the applicant should verify the accuracy of all information. Notify the Board in writing immediately if there are any typographical errors.

LEGAL REQUIREMENTS TO PRACTICE AS A REGISTERED NURSE IN GEORGIA

A. Any person practicing or offering to practice nursing or using the title registered professional nurse, as defined in §§ OCGA 43-26-2 et.seq. within the State of Georgia, shall be licensed as provided in OCGA §§ 43-26-2 et.seq.

B. Any person licensed as a Registered Professional Nurse shall identify that he or she is so licensed by displaying either the title "registered professional nurse" or "registered nurse" or the abbreviation "R.N.," or the abbreviation "A.P.R.N." on a name tag or other similar form of identification during times when such person is providing direct patient care according to O.C.G.A 43-26-6(d).

D. Before an individual can practice as a certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist, psycho/mental health, they must possess APRN authorization from the State of Georgia. A Georgia registered nurse license with an advanced practice specialty designation on its face demonstrates advanced practice authorization. The licensee is responsible for maintaining current national certification.

E. The licensee is responsible for renewal of the license prior to the expiration date. Make note of the expiration date upon receipt of your license upon receipt.

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____

FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

GEORGIA BOARD OF NURSING

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440
www.sos.georgia.gov/plb/rn

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A REGISTERED PROFESSIONAL NURSE AND/OR INITIAL AUTHORIZATION AS AN ADVANCED PRACTICE REGISTERED NURSE

License Type: ___ Initial RN ___ Initial Advanced Practice Registered Nurse – GA RN License # RN_____
Method Obtained by: Application Fee $60 (non-refundable)
( ) Endorsement
Applicant is applying for above referenced license by: Application Fee $60 (non-refundable)
( ) Initial authority to practice as a: ( ) Nurse Practitioner ( ) Certified nurse-midwife
( ) Clinical Nurse Specialist, psychiatric/mental health ( ) Certified Registered Nurse Anesthetist

Part I: Personal Information:

1. Legal Name to appear on License: _____
LAST FIRST MIDDLE MAIDEN

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):
_____
LAST FIRST MIDDLE MAIDEN

3. Social Security #*: ___ - ___ - ____ Date of Birth: MM - DD - YYYY

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

4. Gender: ☐ Male ☐ Female Race:_____ Ethnicity: _____ (Hispanic or Latino) _____(Not Hispanic or Latino)

5. Residential (Physical) Address: _____
NUMBER AND STREET(P.O. BOX NOT ACCEPTABLE) APT #

_____ ____ _____ - _____
CITY STATE ZIP

6. Mailing Address: _____
(*ADDRESS WILL APPEAR ON WEBSITE) NUMBER AND STREET (P.O. BOX ACCEPTABLE) APT #

_____ ____ _____ - _____
CITY STATE ZIP

7. Daytime Phone #: ___ - ___ - ____ Evening Phone #: ___ - ___ - ____

8. E-mail Address: _____ Fax Number:_____

9. ☐ I am a U.S. citizen ☐ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must complete the attached form, DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS, and provide required documentation.

10. Country of Birth:_____

You must immediately notify the Board in writing of address changes. *Pursuant to O.C.G.A. 43-1-2 (k) your name, mailing address and license number are public information.

EDUCATIONAL INFORMATION

10. Basic Nursing Education: Did you graduate from a nursing education program? ❒ No Yes ❒

School	City, State	Month/Year of Graduation

11. Education Completed: (Check all that apply):

- ❑ Diploma
- ❑ Associate Degree
- ❑ BSN
- ❑ APRN Certificate
- ❑ Master's Degree in Nursing
- ❑ Post Master's Certificate
- ❑ Doctoral Degree
- ❑ Post Doctoral Certificate
- ❑ Other (please specify)_____

PREVIOUS LICENSURE INFORMATION

12. Have you ever applied for licensure in Georgia?

Endorsement: ❑ No ❑ Yes

Examination: ❑ No ❑ Yes

If yes, when? _____ Under what Name? _____

13. State of Original RN Licensure in the United States or its territories. Identify the name of the RN exam taken and date the exam was passed leading to licensure:

State: _____ Year Issued: _____

RN Exam Taken: _____ Date Passed: _____

Proof of license verification (See Below):

The applicant is responsible for contacting the state of Original and Current RN licensure for verifications. The applicant must provide verifications in a sealed envelope directly from the other boards with this application. Please refer to www.NURSYS.com to determine if any verification should be requested from NURSYS. If verification is requested from NURSYS, please enclose proof of payment to NURSYS.

List all states in which you have ever been licensed as an RN:

(Use additional paper if necessary.)

State:		License Number:		Expiration Date:	
State:		License Number:		Expiration Date:	
State:		License Number:		Expiration Date:	
State:		License Number:		Expiration Date:	
State:		License Number:		Expiration Date:	

EMPLOYMENT AS A REGISTERED NURSE

14. Have you practiced as an RN or APRN for compensation for at least three (3) months or 500 hours during the four (4) years immediately preceding the date of this application?

(Any applicant that does not meet these practice requirements MUST complete a Georgia Board of Nursing Approved Re-entry Program.)

❑ No ❑ Yes

The Board of Nursing makes licensure decisions based on the information submitted on this application. Refer to the Nurse Practice Act, OCGA 43-26-3(6) for the "Practice of Nursing" Definition. If the practice does not fall within the definition of the Practice of Nursing and does not require RN licensure, DO NOT list it below. Any applicant practicing as an RN /APRN without licensure/authorization will be subject to Board review. The Board requires a personal, detailed notarized letter of explanation and detailed employment information from the employer HR department for any RN/APRN practice in Georgia without valid license/authorization. A verification of employment form must be provided for each employment within the last 4 years listed on the grid below.

Employer's Name/Address	Actual Workplace Location Facility Name/City/State	Position Title	Is RN Licensure Required?	Is APRN Authorization required?	Dates From - To (mo/yr)-(mo/yr)
A.					
B.					
C.					

PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION

15. Board Disciplinary Actions/Legal Convictions: (Answer ALL Questions)

A. Have you ever been arrested, convicted, sentenced, plead guilty, plead nolo contendere or given first offender status which is: (a) a misdemeanor; (b) a felony; (c) a crime involving moral turpitude; (d) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (e) any offense other than a minor traffic violation? Note: Even if probation completed or first offender status granted.

❒ No Yes ❒

If "yes", have you included a certified copy of the court records and final disposition in a sealed envelope from the court with your application? ❒ No Yes ❒

Have you included a personal, detailed notarized letter explaining each incident? ❒ No Yes ❒

B. Has <u>any</u> licensing board or agency in Georgia or any other state ever:

(a) denied your application, for licensure, renewal or reinstatement? ❒ No Yes ❒
(b) revoked, suspended, restricted or probated your license? ❒ No Yes ❒
(c) requested or accepted surrender of your license? ❒ No Yes ❒
(d) reprimanded, fined or disciplined you? ❒ No Yes ❒

If "yes", have you included a certified copy of that board or agency's action against your license with Relevant supporting documents in a sealed envelope from the board or agency with your application?

❒ No Yes ❒

Have you included a personal, detailed notarized letter explaining each incident? ❒No Yes ❒

Provide the name of the agency or board in the space provided.

_____

Name of agency or board

PASSPORT PHOTO

16. Photograph:

Provide one 2 X 2 head and shoulder passport-type photograph taken within the last six (6) months. Sign the back of the photograph.

Attach
Photo
Here

NOTARIZED SIGNATURE BY APPLICANT

17. The facts set forth in this application for licensure as a Registered Professional Nurse or Advanced Practice Registered Nurse in Georgia is true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure and/or authorization. The Georgia Board of Nursing is hereby authorized to request any information necessary to process my application. Applicant signature and notarization should occur on the same date.

_____ _____

Date Application Submitted Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 200____.

_____

(Signature of Notary Public)

My Commission Expires: _____

NOTE: IF YOU ARE APPLYING FOR INITIAL AUTHORIZATION TO PRACTICE AS A CNM, NP, CRNA OR CNS, PMH PROCEED TO PART II; OTHERWISE,

Have you…

- ❑ Enclosed a $60.00 non-refundable application fee for RN licensure?
- ❑ Answered each question?
- ❑ Recorded address for each employer?
- ❑ Included passport photograph with signature?

Mail to:

Georgia Board of Nursing
PO Box 13446
Macon, Georgia 31208

PART II

COMPLETE THIS SECTION FOR INITIAL ADVANCED NURSING PRACTICE AUTHORIZATION (CNM, NP, CRNA OR CNS, PMH) IN ADDITION TO PART I. A SEPARATE FEE OF $60 FOR EACH ADVANCED NURSING PRACTICE AUTHORIZATION IS REQUIRED... IF YOU ARE APPLYING FOR MORE THAN ONE (1) AUTHORIZATION PLEASE MAKE COPIES OF APPLICATION PAGE (6) SIX TO COMPLETE FOR EACH APRN TITLE REQUEST. APPLICATION FEES ARE NON-REFUNDABLE.

INDICATE FOR WHICH OF THE FOLLOWING YOU ARE APPLYING:

- ❑ Certified registered nurse anesthetist
- ❑ Certified nurse-midwife
- ❑ Nurse Practitioner _____
  Specify Type
- ❑ Clinical nurse specialist, psychiatric/mental health

1. Advanced Practice Nursing Education (check one):

❑ Certificate Program ❑ Degree Program

Note: An official copy of your transcript with course description must be sent directly to you in a sealed envelope to be included with your application submission.

_____
Name of School/Program

_____
Street or P. O. Box City, State Zip Code

Dates Attended: From: _____ To: _____

2. Name of national certification board: _____

Address _____
Street or P.O. Box City, State Zip Code

3. Date on which the national certification examination (check one that most applies):

was written: _____ was passed: _____

National Certification Number (if applicable) _____

Have you…

- ❑ Enclosed a $60.00 application fee for APRN authorization? APPLICATION FEES ARE NON-REFUNDABLE.
- ❑ Answered each question?
- ❑ Included a sealed envelope with official transcript with course description from your school?
- ❑ Included a sealed envelope with Verification of National Certification from the appropriate certification board with your application submission?

Mail to:

GEORGIA BOARD OF NURSING
P.O. Box 13446
Macon, Georgia 31208
(478) 207-2440

GEORGIA BOARD OF NURSING
Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: (478) 207-2440
Fax: (478) 207-1660
Web Site: www.sos.georgia.gov/plb/rn

VERIFICATION OF LICENSURE AS A REGISTERED NURSE BY ENDORSEMENT

Complete the top portion and forward one form to your state of ORIGINAL licensure and one to your state of CURRENT licensure. If you're original board of licensure can provide verification of current license, forward form only to your original board of licensure. The state of Original/Current licensure will return this form directly to the Georgia Board of Nursing. Inquire whether there is a fee for completing the form when mailing to the respective board and submit fee with this form.

1. Name _____
First Middle Maiden Last

2. Address _____
Street City State Zip

3. Social Security No. _____
4. Date of Birth ____/____/____
5. Name of Nursing School _____
6. Date of Graduation ____/____/____
7. Location (city/state) _____
8. Date RN Exam Passed ____/____/____

9. I hereby authorize the designated Board of Nursing to furnish the information requested to the Georgia Board of Nursing.

State of _____ Board of Nursing RN License No. _____
Date _____ Signature _____

FOR LICENSING AGENCY USE ONLY

This is to certify that the above named individual was issued license number _____ to practice as a registered professional nurse on _____ (year licensed).

Licensed by: ☐ Examination ☐ Endorsement ☐ Waiver

Current licensure status: ☐ Active ☐ Inactive ☐ Lapsed

Date License expires _____ Has this license ever been encumbered in any way? (denied, revoked, suspended, surrendered, limited, place on probation) ☐ Yes ☐ No If Yes, please submit an official copy of board action.

NCLEX-RN S.B.T.P.E. RN SCORES

		Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children
Standard Scores						
Series						

State Board Constructed Examination (Attach Report)

BOARD SEAL

Signature: _____
Title: _____
Board: _____
Date: _____

GEORGIA BOARD OF NURSING

237 Coliseum Drive
Macon, Georgia 31217-3858
(912) 207-2440

VERIFICATION OF NATIONAL CERTIFICATION AS A NURSE-MIDWIFE, NURSE PRACTITIONER, NURSE ANESTHETIST OR CLINICAL NURSE SPECIALIST, PSYCHIATRIC/MENTAL HEALTH

APPLICANT: Complete this section and forward to your national certification board. Inquire if there is a fee for completing this form and mail fee with this form to your respective national certification board. CERTIFIED NURSE-MIDWIVES who were certified prior to January 1, 1996 must submit a copy of their enrollment card from the American Council of Nurse-Midwives' Continuing Competency Assessment Program which bears current cycle dates. *National Certifying Corporation, Pediatric Nursing Certification Board and CRNA credentialing organizations must be contacted by the applicant to request verifications be submitted electronically to the Georgia Board of Nursing; PLB-Healthcare3@sos.state.ga.us.

Name _____
Last First Middle Maiden

Address _____
Street City State Zip

Social Security # _____

Date of Birth _____

Name of Advanced Practice Nursing Education Program _____

Location (city/state) _____

Date of Completion/Graduation _____

National Certification Board _____

Type of Certification _____

Certification Number (if applicable) _____

I hereby authorize the designated national certification board to furnish the information requested to the Georgia Board of Nursing.

_____
Signature Date

FOR CERTIFICATION BOARD ONLY

This is to certify that the above named was issued certification _____ number _____ to practice as a _____ on _____.
(state type of certification) (Initial certification date)

Initially Certified by: _____ Examination _____ other Evaluation (Please Explain)

Certificate/Recertification Expires: _____

_____
Signature Date

_____
Title

BOARD SEAL

_____
Board

_____
Address

_____
Telephone #

GEORGIA BOARD OF REGISTERED PROFESSIONAL NURSING
237 Coliseum Drive
Macon, Georgia 31217

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: Complete Section I and sign.
2. Submit this form to all nursing related employers in the 4 years preceding this application (Personnel Director, Human Resources Department) that can provide verification of your practice as a registered nurse. Ask the employer to complete the form and place it in a sealed envelope by them for you to be submitted with your application.

Section I (To be completed by applicant)*The name and address of your employer on this form must match the name and address you listed under "Nursing Related Employment" on the application.

Section I:

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment to the Georgia Board of Registered Nursing. I understand this information is required as part of the application for licensure process.

Signature of Applicant _____ Applicant Phone Number (s)_____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment):
Instructions: 1. Complete Section II of this form. 2. Registered Nursing employment must have been for compensation. 3. Each Title held with one employer requires a separate verification form completed. 4. Return the form to the applicant.

1. Name of Facility/Business/Employer: _____ Phone Number: ( )_____
   Is this a federal agency of the United States Government? ❒ No Yes ❒

2. Physical Address of Location: _____
   City State Zip

3. Employee's Position/Title: _____

4. Is an RN license necessary for employment in this position? ❒ No Yes ❒

5. Is an APRN authorization necessary for employment in this position? ❒ No Yes ❒

6. Identify the Actual Physical Location where the employee practiced to include facility name, city/state if different than # 2 above or indicate same as above:
_____

7. Employment Dates: From: _____ (mo/yr) - To: _____(mo/yr)
   Were there any periods of extended absence during employment? ❒ No Yes ❒ Please provide dates _____

LIST BELOW THE NUMBER OF HOURS WORKED PER YEAR AND Job Description: List below the number of hours worked per year and duties:

Year	Hours worked	Job Description

8. Printed name and title of person verifying employment: _____

9. Signature/Date of Employer Representative completing this form:_____Date_____

(Employer Signature/notarization valid only if occurring on same date.)

Sworn to and subscribed before me this _____ day of _____, 20____
Notary Public Signature _____ (Notary Seal)
My commission expires: _____

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please indicate below which documentation you will submit to show proof you are a qualified alien under the Federal Immigration and Naturalization Act.

Alien Lawfully Admitted for Permanent Residence:
_____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"
_____ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:
_____ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
_____ - INS Form I-688B (Employment Authorization Card) annotated "27a.12 (a) (5)"
_____ - INS Form I-766 (Employment Authorization Document) annotated "A5"
_____ - Grant letter from the asylum office of INS
_____ - Order of an immigration judge granting asylum

Refugee:
_____ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
_____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)
_____ - INS Form I-766 (Employment Authorization Document) annotated "A3"
_____ - INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:
_____ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:
_____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)
_____ - INS Form I-766 (Employment Authorization Document) annotated "A10"
_____ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:
____ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
_____ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)
_____ - INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:
_____ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
_____ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
_____ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:
_____ - INS petition and appropriate supporting documentation

_____ _____
(Applicant's Signature) (Date)

OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA STATE BOARD OF NURSING
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I authorize the Georgia Board of Nursing to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

_____

Applicant's Full Name (Printed)

_____

_____

Physical Address (P.O. Boxes NOT Accepted)

_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

_____ _____

(Signature of Applicant) (Date)

NCSBN Nursys® National Council of State Boards of Nursing

LICENSE VERIFICATION REQUEST FORM

*** **NEW** *** Want to process your verification faster? Try our new secure Online Verification to process your verification immediately. Go to **https:\\www.nursys.com**

Please use blue or black ink. ***See reverse side for form eligibility and instructions.*** ⇨

PERSONAL INFORMATION

Social Security Number:	Date of Birth: (mm/dd/yyyy)	
First Name:	Middle Name:	Last Name:
Maiden Name:	Date of Original License (mm/yyyy)	
Street Address:		
City:	State:	Zip/Postal Code:
Country:	Home Phone:	Work Phone:

ENDORSEMENT INFORMATION *List the license types that you need verified*

License Type (check one)		Total Verification Fee
LPN:	☐	$30.00
RN:	☐	$30.00
Both LPN & RN:	☐	$60.00

Fees are not refundable

The only acceptable forms of payment are
CERTIFIED CHECK, CASHIER'S CHECK,
or MONEY ORDER.

Made payable to: NCSBN
DO NOT SEND cash, personal checks, business checks, or travelers checks.

LICENSE INFORMATION *List all licenses that you have ever held*

	Jurisdiction/State	RN License Number	PN License Number
Original			
Additional			
Additional			
Additional			

States applying to: _____

_____

I, the above named individual, hereby apply for verification to the National Council of State Boards of Nursing to permit NCSBN and/or its Member Boards to verify my licensure, educational, disciplinary, and related information in Nursys® for the purposes of supporting my request for endorsement verification in the jurisdiction(s) listed above and any other states in which I have ever been licensed. I also confirm that the information I have submitted is true.

My application fee of $_____ in **guaranteed funds** is attached.

Mail this form to:
National Council of State Boards of Nursing, Inc.
35331 Eagle Way
Chicago, IL 60678-1353
DO NOT SEND THIS FORM TO YOUR BOARD OF NURSING

Signature_____ Date _____

Revised February 06, 2006

NCSBN Nursys®
National Council of State Boards of Nursing

FORM INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys®. If you need verification of a license for a foreign country or to an agency other than a state board of nursing, please contact your state board of nursing.
2. You **MUST CONTACT** the state where you are seeking licensure to determine which state(s) they require verification from, as boards of nursing have different requirements.

   If you do not need verification of a license from one of the states listed below, **DO NOT** complete this form. Instead, follow the verification instructions of the state where you are seeking licensure. Complete this form **ONLY** if the state where you are seeking licensure requires verification from one of the states listed below.

Alaska (AK)	Kentucky (KY)	New Hampshire (NH)	Tennessee (TN)
Arizona (AZ)	Maine (ME)	New Jersey (NJ)	Texas (TX)
Arkansas (AR)	Maryland (MD)	New Mexico (NM)	Utah (UT)
Colorado (CO)	Massachusetts (MA)	North Carolina (NC)	Vermont (VT)
Delaware (DE)	Minnesota (MN)	North Dakota (ND)	Virginia (VA)
Florida (FL)	Mississippi (MS)	Ohio (OH)	Washington (WA)
Idaho (ID)	Missouri (MO)	Oregon (OR)	West Virginia - PN (WV)
Indiana (IN)	Montana (MT)	South Carolina (SC)	Wisconsin (WI)
Iowa (IA)	Nebraska (NE)	South Dakota (SD)	

3. Please complete all sections of this form. Forms with missing information or incorrect payments will be returned. **SEND ONLY THIS FORM AND PAYMENT. ALL OTHER FORMS ARE UNACCEPTABLE.**
4. **PAYMENT**: To verify RN licenses, the total fee is $30, regardless of how many states you are licensed in or how many states you are applying to. To verify LPN licenses, the total fee is $30, regardless of how many states you are licensed in or how many states you are applying to. To verify both RN and LPN licenses, the total fee is $60, regardless of how many states you are licensed in or how many states you are applying to.

   All payments must be in guaranteed funds. **The only acceptable forms of payment are: certified checks, cashiers checks, or money orders** – made payable to the **NCSBN**. DO NOT SEND cash, personal checks, business checks, credit cards, or traveler's checks. **Fees are non-refundable**.
5. Please complete this form in blue or black ink. Print or type clearly. Illegible forms will be returned.
6. Verifications are entered into Nursys® in the order in which they are received at NCSBN. **The verification report will remain in Nursys® for 90 days, after which it expires.** When the Board of Nursing receives your Endorsement Application, the board will access Nursys® to verify any licenses held in the states listed in number 2 above. No paper reports are sent from NCSBN.
7. **EXPIRED REPORTS:** If your verification has expired, you must pay an additional $30 and submit a new verification request form to NCSBN.
8. Nursys® information is updated from the participating nursing boards listed in number 2 above. A nurse who recently received a license may have to wait until the next update before the information is available in Nursys® for license verification.
9. If you have questions regarding this form, please contact the Nursys® License Verification Department at (312) 525-3780 or toll free (866) 819-1700.

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